PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/173614

•		IS FILED	LWULL	ł		. :	SMALL (-NTITV		OTUC	O Til
		(Colum	n 1) .	: (Col	uma 2)	. 1	TYPE (OB		R THAIN ENTITY
TOTAL CLAIMS						1.1	RATE	FEE	7	RATE	· FEE.
FOR		NUMBER	FILED	NUM	BER.EXTRA	1.	BASICFE		OR	BASIG FE	
TOTAL CHARGEABLE CLAIMS		a	.ninus 20= *		•] [X\$ 25=	1	OR		
INDEPENDENT CLAIMS minus 3 =			• :		1	X100=	 	7	X200=	 	
MULTIPLE DEPENDENT CLAIM PRESENT						1		 	.OA	7200€	
If the difference in column 1 is less than zero, enter				*0* in c	column 2	Ļ	+180=	 	OR	+360=	
•	CLAIMS AS A	<i>:</i>				•	TOTAL		OR	TOTAL	L
· ·	(Column 1)	CHOEL	(Colum		(Column 3)		SMALL.	ΕΝΤΙΤΥ	DR.	OTHER SMALL	THAN ENTITY
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FI	ER JSLY -	PRESENT EXTRA	\prod	RATE	ADDI- TIONAL		PATE	ADDI- TIONAL
Total	. 24	Minus	~ 2	4	- /		X\$ 25=	FEE	OR	X\$50=	FEE
Independent	· 5	Minus	4 4	7	=		X100=.	1.	OR	X2O0=	2000
Trinstrenesi	ENTATION OF MU	JUTIPLE DE	PENDENT (MIALC			+180=.			+360=	Ju.
	•	 				L-	TOTAL	<u></u>	OR	TOTAL	Ma
	(Column 1).	<u> </u>	(Colume	n 2) ·	(Column 3)	μυ	ovi. Fee (, OII A	DOIT, FEE	
5.2-06 Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATĖ	ADDI- TIONAL
Total	. 24	Minus	24	7	= /	1,	(\$ 25=		OR	X\$50=	FEE
Independent	. 5	Minus	3		e /	,	K100=		~" ` -	X200=	
FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	MIAK						~/UU= 1	
			•		لبباضليب		100	/	~ `` -		
			•				180=	1	OR	+360	
	(Column 1)				(0.1	سا		1	OR		
	(Column 1) CLAIMS REMAINING		(Column Highes Humbe	en l	(Column 3)	A0i	TOTAL DIT FEE	ADDI-	OR A	+360± TOTAL DOIT. FEE	ADDI
	CLAIMS		HIGHES	SLY.		A0i	TOTAL DIT. FEE		OR A	+360±	ADDI- TIONAL FEE
Total	CLAIMS REMAINING AFTER: AMENDMENT	Minus	HIGHES HUMBE PREVIOU	SLY SLY OA	PRESENT	AD	TOTAL DIT FEE	ADDI- TIONAL FEE	OR A	+360± TOTAL DOIT. FEE	TIONAL
Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHES HUMBE PREVIOU PAID FO	ST SLY DR	PRESENT EXTRA	ADI X	TOTAL DIT. FEE RATE	ADDI- TIONAL FEE	OR A	+360/ TOTAL DOIT. FEEL	TIONAL
Total Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHES HUMBE PREVIOU PAID FO	ST SLY DR	PAESENT EXTRA	ADI X	TOTAL DIT. FEE	ADDI- TIONAL FEE	OR A	+3602 TOTAL DOIT. FEE RATE X\$50= X200=	TIONAL
Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHES HUMBE PREVIOU PAID FO	ST SLY DR	PAESENT EXTRA	ADI X	TOTAL DIT FEE RATE	ADDI- TIONAL FEE	OR A	+360 TOTAL DOIT. FEE RATE X\$50=	TIONAL